

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 50.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 14fb066c-d687-4879-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 224612.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 10.20	
City New Orleans	State LA	Zip Code 70131	Transaction ID : e3f7d01f-aff0-4669-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 224612.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	60.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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08 / 12 / 2014

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NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 25.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 4687f32b-9147-4d0c-a Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 224612.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 7.80	
City Charlotte	State NC	Zip Code 23215	Transaction ID : a3687137-0167-4a8f-9 Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 224612.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>		
Mailing Address 502 E Center Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City Searcy	State AR	Zip Code 72143	Transaction ID : ece893ce-060d-4b3a-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">55362.57</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>		
Mailing Address 502 E Center Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5.85</div>		
City Searcy	State AR	Zip Code 72143	Transaction ID : ce2aa7c5-22ac-4089-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">55362.57</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">35.85</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Nathan Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2014	
Mailing Address 1247 W Mt Comfort Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 111f2ceb-5275-47b8-a
Purpose of Expenditure Salary	Category/ Type	<div style="border: 1px solid black; padding: 2px;">001</div>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">55362.57</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Nathan Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2014	
Mailing Address 1247 W Mt Comfort Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7.14</div>	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 67599e43-3a7f-4776-9
Purpose of Expenditure Mileage	Category/ Type	<div style="border: 1px solid black; padding: 2px;">002</div>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">55362.57</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">27.14</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>

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Ms. Emily Buchanan

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08 / 12 / 2014

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cari A Stevenson		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 12312 Summer Cemetary Rd		Amount 40.00	
City Cabot	State AR	Zip Code 72023	Transaction ID : 23d9e00b-f9f3-465d-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		55362.57	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Cari A Stevenson		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 12312 Summer Cemetary Rd		Amount 9.00	
City Cabot	State AR	Zip Code 72023	Transaction ID : f6b26f2c-d763-462f-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		55362.57	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>	
Mailing Address 632 Cameron Court		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City Kenner	State LA	Zip Code 70065	Transaction ID : 76713afd-7466-4a74-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">91420.17</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>	
Mailing Address 632 Cameron Court		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.25</div>	
City Kenner	State LA	Zip Code 70065	Transaction ID : 2051d500-f30f-4176-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">91420.17</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">48.25</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 111 Westchester Blvd Apt D4		Amount 50.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 1834e881-821a-4cfb-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA	
Calendar Year-To-Date Per Election for Office Sought 91420.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 205 Medallion Circle		Amount 70.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 826e5777-3827-4b2e-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA	
Calendar Year-To-Date Per Election for Office Sought 91420.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee Lily Green			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 08 / 10 / 2014 </div>		
Mailing Address 205 Medallion Circle			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 19.80 </div>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : a48aae2d-c6eb-4381-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 08 / 10 / 2014 </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 91420.17 </div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		

Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 08 / 10 / 2014 </div>		
Mailing Address 2506 Bolch Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 50.00 </div>		
City Shreveport	State LA	Zip Code 71104	Transaction ID : eb9d3442-1df1-4f2f-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 08 / 10 / 2014 </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 91420.17 </div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 69.80 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 69.80 </div>

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>	
Mailing Address 2506 Bolch Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.80</div>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 681baa0b-fc33-455b-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">91420.17</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>	
Mailing Address 1809 N Woodlawn		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.00</div>	
City Metairie	State LA	Zip Code 70001	Transaction ID : 63a9b098-f8d4-4d18-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">91420.17</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">26.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
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08 / 12 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 10 OF 27
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2014	
Mailing Address 1809 N Woodlawn		Amount 3.90	
City Metairie	State LA	Zip Code 70001	Transaction ID : a073d2e9-e004-4223-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 91420.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Shelby J Davis		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2014	
Mailing Address 6414 The Divide Pkwy Apt 204		Amount 45.00	
City Little Rock	State AR	Zip Code 72223	Transaction ID : d44cdaf4-7db9-42b7-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 55362.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	48.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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08 / 12 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 11 OF 27
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Shelby J Davis		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 6414 The Divide Pkwy Apt 204		Amount 11.40	
City Little Rock	State AR	Zip Code 72223	Transaction ID : a7547b12-1dab-4049-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 55362.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 4902 Catawba Dr		Amount 90.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 59d495e5-8768-4107-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 224612.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	101.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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08 / 12 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 12 OF 27
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 4902 Catawba Dr		Amount 23.70	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 2290759e-2fc6-46ab-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 224612.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 6101 NORA ST		Amount 65.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 5c137601-785c-4083-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 91420.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	88.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 13 OF 27
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014		
Mailing Address 6101 NORA ST			Amount 1.20 Transaction ID : 652ce4e3-dcbd-4c24-8 Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014		
City METAIRIE	State LA	Zip Code 70003			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 91420.17			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Mr. Elizabeth Allison			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014		
Mailing Address 157 Bishop Drive			Amount 15.00 Transaction ID : cc182c65-a85b-462a-8 Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014		
City Avondale	State LA	Zip Code 70094			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 91420.17			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 14 OF 27
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mr. Elizabeth Allison		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 157 Bishop Drive		Amount 5.10	
City Avondale	State LA	Zip Code 70094	Transaction ID : fbd760fa-0894-4248-8 Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 91420.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 1103 West Wilson Street		Amount 85.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 3a84f930-df4f-44f1-8 Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 91420.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	90.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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08 / 12 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 15 OF 27
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2014 </div>	
Mailing Address 1103 West Wilson Street		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 27.30 </div>	
City State Zip Code Ville Platte LA 70586	Transaction ID : 2d51e564-642f-42c9-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2014 </div>		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 91420.17 </div>			

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2014 </div>	
Mailing Address 220 Doucet Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 30.00 </div>	
City State Zip Code Lafayette LA 70503	Transaction ID : 9a3b1bc0-894f-413c-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2014 </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 91420.17 </div>			

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">57.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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 08 / 12 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 16 OF 27
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.65	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 8e6eb7aa-a48d-478f-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 91420.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 112 apache Dr		Amount 50.00	
City Search	State AR	Zip Code 72149	Transaction ID : b42cfa5b-bcfa-4305-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 55362.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51.65
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination		
Mailing Address 112 apache Dr			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City	State	Zip Code	Amount		
Search	AR	72149	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 5.55 </div>		
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 73b0eb95-e3c2-4b02-8 Date of Disbursement or Obligation		
		002	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate			Office Sought:		
Mr. Mark L Pryor			<input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 55362.57 </div>					

Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination		
Mailing Address 112 apache Dr			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
City	State	Zip Code	Amount		
Search	AR	72149	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 50.00 </div>		
Purpose of Expenditure Salary		Category/ Type	Transaction ID : f5ecdaf6-d299-4534-9 Date of Disbursement or Obligation		
		001	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Name of Federal Candidate			Office Sought:		
Mr. Mark L Pryor			<input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 55362.57 </div>					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 55.55 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 18 OF 27
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 112 apache Dr		Amount 5.55	
City Search	State AR	Zip Code 72149	Transaction ID : 092fbb24-d935-4343-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		55362.57	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Brandon Guttuso		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 3013 Transcontinental Dr		Amount 70.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : 4fbb7edd-1eea-49e8-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		91420.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75.55
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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08 / 12 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Brandon Guttuso		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 3013 Transcontinental Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 6.60 </div>	
City State Zip Code Metairie LA 70006	Transaction ID : ce93e581-7099-4c4b-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 91420.17 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Darius Beverly		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 157 Bishop Drive		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 65.00 </div>	
City State Zip Code Avondale LA 70094	Transaction ID : 81cc58fc-576e-4e3f-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 91420.17 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">71.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 157 Bishop Drive		Amount 65.00	
City Avondale	State LA	Zip Code 70064	Transaction ID : 4a015723-f541-44ee-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 91420.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 157 Bishop Drive		Amount 5.40	
City Avondale	State LA	Zip Code 70064	Transaction ID : 758ecc0e-3c6b-4af2-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 91420.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	70.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Najib Mahmud		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>	
Mailing Address 3432 Riverrock Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>	
City Baton Rouge	State LA	Zip Code 70820	Transaction ID : c79dcc96-ab64-4cb9-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">91420.17</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Najib Mahmud		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>	
Mailing Address 3432 Riverrock Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5.10</div>	
City Baton Rouge	State LA	Zip Code 70820	Transaction ID : cccf3f54-e8f7-484a-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 10 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">91420.17</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">65.10</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 7151 Mullins Drive		Amount 90.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : 2657c1cc-d2d6-49b3-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 224612.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 7151 Mullins Drive		Amount 25.20	
City Saltville	State VA	Zip Code 24370	Transaction ID : fa702744-4e7d-4123-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 224612.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	115.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 629 Radiance Ave		Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 12e3edb7-f4de-4c6b-8 Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="float: right; border: 1px solid black; padding: 2px;"> 91420.17 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 629 Radiance Ave		Amount 6.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : eea2d490-854d-4dbe-a Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="float: right; border: 1px solid black; padding: 2px;"> 91420.17 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	76.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 629 Radiance Ave		Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 32c2c8ac-23bf-40eb-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 91420.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2014	
Mailing Address 629 Radiance Ave		Amount 6.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 963bcdcb-f3c4-4052-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 91420.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	76.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Morgan R Padgett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 2164 Kay Rd		Amount 20.00	
City Greenville	State NC	Zip Code 27858	Transaction ID : 0ba40639-d33f-4f80-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 224612.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Reagan Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2014	
Mailing Address 502 E Center Ave		Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : d0e2899f-2867-4908-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 55362.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Reagan Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2014	
Mailing Address 502 E Center Ave		Amount 7.86	
City Searcy	State AR	Zip Code 72143	Transaction ID : 17bc7133-37cc-4150-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 08 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 55362.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 08 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 30.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 303759ea-2cd7-4fc0-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 224612.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	37.86
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 100.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 18879cd2-6763-4c19-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 224612.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1717.35

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
08 / 12 / 2014

Signature